

# POSITION DESCRIPTION (Please Read Instructions on the Back)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|
| 2. Reason for Submission<br><input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field<br><input type="checkbox"/> Reestablishment <input type="checkbox"/> Other<br>Explanation (Show any positions replaced)<br>Standard MWR NAF PD  |  |  |  |  |  |  |  |  |  | 3. Service<br><input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field  |  |  |  |  |  |  |  |  |  | 4. Employing Office Location   |  |  |  |  |  |  |  |  |  | 5. Duty Station            |  |  |  |  |  |  |  |  |  | 1. Agency Position No. |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 7. Fair Labor Standards Act<br><input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt   |  |  |  |  |  |  |  |  |  | 8. Financial Statements Required<br><input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest |  |  |  |  |  |  |  |  |  | 9. Subject to IA Action<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |  |  |  |  |  | 6. OPM Certification No.   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 10. Position Status<br><input type="checkbox"/> Competitive<br><input type="checkbox"/> Excepted (Specify in Remarks)<br><input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)   |  |  |  |  |  |  |  |  |  | 11. Position Is<br><input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Managerial <input type="checkbox"/> Neither                          |  |  |  |  |  |  |  |  |  | 12. Sensitivity<br><input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical<br><input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive  |  |  |  |  |  |  |  |  |  | 13. Competitive Level Code |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 15. Classified/Graded by   |  |  |  |  |  |  |  |  |  | Official Title of Position   |  |  |  |  |  |  |  |  |  | Pay Plan   |  |  |  |  |  |  |  |  |  | Occupational Code          |  |  |  |  |  |  |  |  |  | Grade                  |  |  |  |  |  |  |  |  |  | Initials |  |  |  |  |  |  |  |  |  | Date     |  |  |  |  |  |  |  |  |  |
| a. Office of Personnel Management  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| b. Department, Agency or Establishment   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| c. Second Level Review   |  |  |  |  |  |  |  |  |  | Automotive Mechanic  |  |  |  |  |  |  |  |  |  | NA   |  |  |  |  |  |  |  |  |  | 5823                       |  |  |  |  |  |  |  |  |  | 10                     |  |  |  |  |  |  |  |  |  | JN       |  |  |  |  |  |  |  |  |  | 12-31-01 |  |  |  |  |  |  |  |  |  |
| d. First Level Review  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| e. Recommended by Supervisor or Initiating Office  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 16. Organizational Title of Position (if different from official title)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 17. Name of Employee (if vacant, specify)  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 18. Department, Agency, or Establishment   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | c. Third Subdivision   |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| a. First Subdivision   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | d. Fourth Subdivision  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| b. Second Subdivision  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | e. Fifth Subdivision   |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Signature of Employee (optional)   |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.   |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| a. Typed Name and Title of Immediate Supervisor  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)   |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| Signature  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Signature  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| Date   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date   |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 22. Position Classification Standards Used in Classifying/Grading Position   |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| Typed Name and Title of Official Taking Action   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | FWS JGS For Automotive Mechanic 5823 TS-57 Jun 90  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| s. J. NEW  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management. |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| Principal Classifier   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| Signature  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date   |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 23. Position Review  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| a. Employee (optional)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| b. Supervisor  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| c. Classifier  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 24. Remarks  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| 25. Description of Major Duties and Responsibilities (See Attached)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |

## **NONAPPROPRIATED FUND POSITION DESCRIPTION**

**JOB TITLE:** Automotive Mechanic **POSITION NUMBER** 01-003A

**JOB SERIES:** 5823 **PAY LEVEL:** NA-10

**Summary of Duties:** Work involves troubleshooting, repairing, and/or overhauling major components and systems such as engines, transmissions, differentials and transaxles, electronic fuel injection systems, emission control systems, and related electrical, electronic, hydraulic, fuel, and other assemblies. Tears down, adjusts, repairs, reassembles, and runs operational checks on components of these systems following instructions contained in technical manuals. Isolates and repairs complex malfunctions which are often difficult to trace by a combination of visual and auditory examinations, and uses a wide variety of test equipment such as computerized engine analyzers, compression testers, test benches, oscilloscopes, multimeters, and special feeler and dial gauges. Disassembles, repairs, replaces, reconditions, and rebuilds components of the various systems and makes independent judgments based on specifications in technical manuals and on accepted trade practices. Observes safety, sanitation and hazardous waste disposal rules and requirements. Operates vehicles to test repair and move around facility. Performs other related duties as assigned.

**Skills and Knowledge:** Thorough knowledge of the makeup, operation, and installation of complex major automobile systems and assemblies to troubleshoot and repair systems such as: gasoline and diesel engines; automatic and manual transmissions and gear reduction systems; transaxles; drive line and rear axle assemblies including electrical, air, vacuum, or mechanically controlled differentials; electrical and electronic systems and accessories; carbureted and electronic fuel injection systems; exhaust and emission control systems; conventional and power steering mechanisms and hydraulic power-assist systems; and other systems of similar complexity. Ability to troubleshoot and replace standard electronic components of systems. Ability to interpret and apply manufacturers' repair manuals and technical specifications, schematics and engineering drawings, diagnostic codes, computer printouts, and safety manuals. Skill in the use of hand/power tools, and electronic test equipment. A valid driver's license is required.

**Responsibility:** Completes repairs and installations with little or no technical advice. Work is performed independently based on personal judgments and decisions within framework of oral and written instructions and accepted trade practices. Determines type and extent of repairs needed. Completes repairs with little or no check during progress or upon completion. Completes repairs and adjustments in accordance with manufacturers' specifications and service bulletins, and ensures vehicle systems function in accordance with safety regulations. Supervisor assures overall work meets accepted trade standards.

**Physical Effort:** Work is often performed in tiring, awkward and uncomfortable positions. Frequent standing, bending, stooping and crawling. Lifts supplies and/or equipment weighing up to 40 lbs.

**Working Conditions:** Exposed to drafts, noise, fumes, dirt, dust and grease, and automotive fluids that may cause irritation from chemicals. Must wear issued protective gear.